

**PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**Applicant:** Steve Koh  
**Serial No.:** 10/792,085  
**Filed:** 03/02/2004  
**Docket No.:** A04P1019US01  
**For:** SYSTEM AND METHOD FOR DIAGNOSING AND TRACKING  
 CONGESTIVE HEART FAILURE BASED ON THE PERIODICITY OF  
 CHEYNE-STOKES RESPIRATION USING AN IMPLANTABLE  
 MEDICAL DEVICE

**Confirmation No.:** 4881**Examiner:** P. Mallari**Art Unit:** 3736

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**JAN 17 2006**

**TRANSMITTAL LETTER, FEE AND CERTIFICATE OF MAILING**

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith for filing are the following documents:

- ☒ Amendment  
☒ First Supplemental Information Disclosure Statement  
☒ PTO-1449 (copy of cited references are not enclosed)  
☒ Transmittal Letter, Fee and Cert. of Mailing

CALCULATION OF FEES					
ITEM	NO. OF CLAIMS REMAINING AFTER AMENDMENT	NO. OF CLAIMS PREVIOUSLY PAID FOR	ADD'L CLAIMS FILED	LARGE ENTITY FEE	\$ FEE
A TOTAL CLAIMS FEE	12	20	0	X \$ 50	\$ 0
B INDEPENDENT CLAIMS FEE**	10	3	7	X \$200	1,400
C MULTIPLE- DEPENDENT				X \$ 360	0
D EXTENSION OF TIME FEE — 1-mon: \$120; 2-mon: \$450; 3-mon: \$1,020; 4-mon: \$1,590; 5-mon: \$2,160					0
E ADDITIONAL FEES (i.e., Surcharge – Late Fee- Declaration; Petitions; Information Disclosure Statement; Terminal Disclaimer, etc.) Specify: <b>First Supplemental Information Disclosure Statement</b>					180
F <b>TOTAL ADDITIONAL FEE**</b> (ADD TOTALS FOR LINES A,B,C,D, and E)					<b>\$1,580**</b>


<input checked="" type="checkbox"/> Charge Deposit Account No. <b>16-0068</b> the amount of	<b>\$1,580*</b> *	A copy of this letter is enclosed.
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**PATENT**

- X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0068
- X Any additional filing fees required under 37 CFR 1.16.
- X Any patent application processing fees under 37 CFR 1.17.
- X The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-0068
- X Any patent application processing fees under 37 CFR 1.17.
- X Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

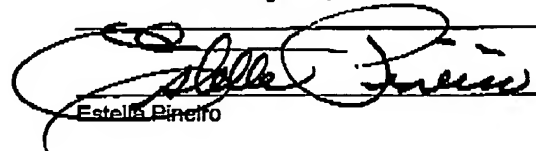
Date: 17 JAN 2006

  
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David S. Sarisky, Reg. No. 41,288  
Attorney for Applicant  
818-493-3369

**CUSTOMER NUMBER: 36802**

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on:

January 17, 2006

  
\_\_\_\_\_  
Estelita Pineda  
Date 1/17/06

**TELECOPIER COVER SHEET****RECEIVED**  
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**JAN 17 2006****January 17, 2006**

<b>To: Assistant Commissioner for Patents</b>	<b>From: Estella Pineiro Patent Administrator 818-493-2251</b>
<b>Attention:</b>  <b>TECHNOLOGY CENTER 3700</b>  <b>Examiner: P. Mallari Art Unit: 3736</b>	<b>ST. JUDE MEDICAL CRMD</b> 15900 Valley View Court Sylmar, California 91392-9221
<b>Telecopier: 571-273-8300</b>	<b>Telecopier: 818/362-4795</b>
<b>RE: Amendment and First Supplemental Information Disclosure Statement</b>  App. No.: 10/792,085 Filed: 03/02/2004 Docket No.: A04P1019US01  <b>Confirmation No.: 4881</b>	<b>Number of pages being sent:</b> <u>15</u> (Including cover page)

**PLEASE DELIVER TO EXAMINER MALLARI, Art Unit 3736.**  
**Thank you.**